

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



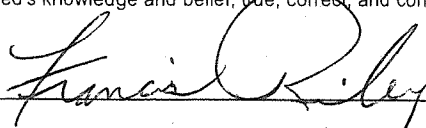
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - 8357 | 2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name Francis Riley P.O. Box, Bldg., Room No., if any Street 76 Madison Lane City Whitehall State PA ZIP Code + 4 18052 | 4. Name, file number, and address of labor organization. Name Boilermakers Local 13 Labor Organization File Number 027398 P.O. Box, Building and Room Number, if any Street 2300 New Falls Road City Newportville State PA ZIP Code + 4 19056 |
| 5. Position in labor organization. Assistant Business Manager | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Aycock, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8261 Old Derry Road City Hummelstown State PA ZIP Code + 4 17036 | 7.a. Nature of Interest, Transaction, or Income. June, 2004 Co-Generation Golf Outing - socialize and discuss issues pertaining to coal fired electric power 7.b. Amount. \$90.00 |

Signature

| | | |
|--|--------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed  | On 8/3/05 Date | 610-799-5478 Telephone Number |

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

| | |
|--|---|
| 1. File Number U - <input type="text"/> | 2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 3. Name and address of person filing. Name <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> |
| 5. Position in labor organization. <input type="text"/> | |

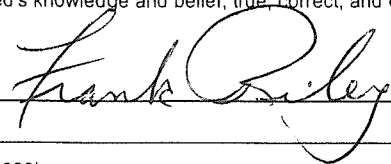
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <input type="text" value="Emcor Services/Hayes Mechanical"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="2160 North Ashland Avenue"/> City <input type="text" value="Chicago"/> State <input type="text" value="IL"/> ZIP Code + 4 <input type="text" value="60614"/> | 7.a. Nature of Interest, Transaction, or Income. <input type="text" value="October, 2004, Triparte Meeting Owners, contractors and union meet to discuss and solve problems and concerns in industry"/> 7.b. Amount. <input type="text" value="\$90.00"/> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

Date

Telephone Number